North Carolina Department of Health and Human Services Division of Public Health • Vital Records Unit vitalrecords.dhhs.state.nc.us/vr

Mail: 1903 Mail Service Center Location: 225 North McDowell St. Raleigh, NC 27699-1903 Raleigh, NC 27603-1382

Application for a Copy of North Carolina Birth Certificate

A Birth Certificate search costs \$24 and includes one copy if a certificate is located. The search covers a three-year period. This search fee is non-refundable. There is a \$15 fee for each additional certificate copy requested from the same search. Normal delivery time is 2-4 weeks plus mail time. If you want same-day walk-in service, an additional \$15 expedited processing fee is required. Mail-in applicants may also receive expedited service. Include the \$15 expedite fee and write "Expedite" on the envelope. Expedited mail requests will be processed within two working days of receipt (please allow for additional mailing time or pay for overnight delivery). Make your certified check or money order payable to "NC Vital Records." Please do not send cash in the mail. Personal checks are not accepted. If you have questions, our telephone number is 919-733-3000.

Please Print			
Full Name on Certificate			
	First Name	Middle Name	Last Name
Date of Birth		- <u> </u>	Sex ☐ Male ☐ Female
Place of Birth	City	County	Were parents married at time of birth? ☐ Yes ☐ No
Full Name of Father			Y (Man)
Full Name of Mother	First Name First Name	Middle Name Middle Name	Last Name Maiden Name (Required)
ODDED	CEDEUDI CAMEC HE	D.E.	Indicate Type of Certificates Needed and Quantity
ORDER CERTIFICATES HERE Certificate search and first copy Number of additional copies from the same search x \$15 Add \$15 for Expedited Service (does not include overnight ship) Add \$15 for Overnight Delivery in NC or \$20 Out-of-State			Certified Regular (Legally suitable for any purpose) Certified Wallet Size (May not be accepted for all legal purposes)
Call for overnight delivery fees outside Add \$15 for processing chains.	of the continental United States.	Uncertified (Suitable for research purposes)	
Certified check or money order only if maili	•		Total Number of Certificates Needed (Total must match quantity ordered at left.)
Your Relationship to the	Person Whose Co	ertificate is Requesto	ed: (Check one)
□ Brother/Sister□ Child	Authorized agent representative of (Proof Required)	the person listed	How do you plan to use this record?
	na Law (G.S. 130 <i>A</i>	A-26) to make a falso	of my knowledge. Note: It is a felony e statement on this application or to
Signature of Person Applying for Certifi	icate		Date
Street Address or P.O. Box			<u> </u>
City, State and Zip Code			(Area Code) Telephone Number
Office Use Only: Volume	ePage	Cartridge/Fra	me
Amount received: \$	Identifica	tion furnished:	